

## I. EPA/STATE Hazardous Waste I.D.#

W A 9 0 2 7 4 1 7 7 1 6

## II. Waste Designated By:

☒ RCRA/State  
☐ State Only  
☐ Non-Regulated/Non-Handler/Protective Filing

## III. Exemption Status:

☐ RCRA Exempt Recycler  
☐ State Exempt Recycler  
☐ Below QEL  
☐ Other

## IV. Handling

☒ SQ  
☐ Emergency  
☐ Remedial Action  
☐ One-Time-Only  
☐ Other

DEPARTMENT USE ONLY

SQ FORM 2

NOTIFICATION OF  
DANGEROUS WASTE  
ACTIVITIES

(send to) Attn: DW Notifications  
 Washington State Department of Ecology  
 M/S PV-11 Olympia, WA. 98504-8711  
 (206) 459-6314/6305/6306

DATE IN TO DEPARTMENT

RECEIVED

DATE: 6/13 Region: N  
 EPA: 001 Date: 01:32  
 Input: Update: Ack: DEPARTMENT USE ONLY

1. ☒ A. FIRST NOTIFICATION☐ B. REVISED NOTIFICATION  
(enter current I.D.# in upper left)

revisions effective: / /

☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)☐ E. SITE CLOSED (We are no longer conducting business at this location and want our I.D. No. cancelled)2.A. WASHINGTON STATE DEPARTMENT OF  
REVENUE REGISTRATION (TAX) NUMBER

## 2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

600-068-512

7216

## 3. NAME OF COMPANY

CARSON CLEANERS INC

## 4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE &amp; BOX NO.

4701 BROOKLYN AVE NE

CITY OR TOWN

STATE

ZIP CODE

SEATTLE

WA

98105-

## 5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

DRY CLEANERS SAM G

ADDRESS AS ABOVE

CITY OR TOWN

STATE

ZIP CODE

SEATTLE

WA

98105-

6. COUNTY WHERE THIS  
INSTALLATION IS LOCATED

KING

033

## 7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read &amp; Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATORB. ☐ TRANSPORTER (complete this section only if YOU are transporting waste for hire or your own waste to an off-site facility)(1) ☐ We Transport Waste For Hire

(2) Modes of Transport YOU Operate

(a) ☐ HIGHWAY (b) ☐ AIR (c) ☐ RAIL(d) ☐ WATER (e) ☐ OTHERD. ☐ UNDERGROUND  
INJECTION☐ WASTE MANAGEMENT  
FACILITY (TSD)

(refer to definitions in instructions)

☐ TREATMENT☐ STORAGE☐ DISPOSAL☐ WE ACCEPT  
OFF-SITE WASTES

## CONTACT PERSON

NAME (last),

(first)

CARSON

ROBERT

TITLE

PRES

PHONE NO. (area code &amp; number)

206-522-8584

## A. OWNERSHIP (Legal Owner(s) of this Company)

ROBERT &amp; JANICE CARSON

## 3. OWNERSHIP (Legal Owner(s) of site (Property))

WAYNE RICKERT

## 10. TYPE OF OWNERSHIP

(enter letter code in box)

7/10/86

7/7/86

P

**B.**

ESTIMATED MAXIMUM QUANTITY of all wastes, listed above, to be produced in any given month or per processing batch.

COMMENTS (Enter Information by Section & Line Number—See Instructions)

(Check the box(es) of those items desired and indicate how many)

- ## CERTIFICATION

TURE:

ED NAME:

OFFICIAL TITLE (Print)

**DATE SIGNED:**

ADD  
CHANGE  
DELETE

FINDS INPUT FORM 506

Requested by: CLW  
Date: 6/24/84

LOCATION RECORD

EPA ID NUMBER: WA9027417716 REGION: 10  
NAME: CARSON CLEANERS INC  
STREET ADDRESS: 4701 AROOCHYN AVE NE  
CITY: SEATTLE STATE: WA  
ZIP CODE: 98105 INACTIVE DATE: ---  
ADDRESS COMMENT: ---  
COUNTY NAME: KSU COUNTY CODE: 033

ABCR: 12A RIVER BASIN CODE: ---  
USGS CAT. UNIT: --- PLACE CODE: ---  
INDIAN LAND: 01 FACILITY OWNER TYPE: 2  
CONG. DISTRICT CODE: ---  
LAT/LONG ACCURACY: --- LAT/LONG SOURCE: ---  
LATITUDE: DD : MM : SS LONGITUDE: DDD : MM : SS  
PREV. SITE ID NUMBERS: (1) --- (2) --- (3) ---  
(4) --- (5) --- (6) ---

SOURCE RECORD  
SOURCE INDICATOR: 1A PERMIT INDICATOR: ---  
SOURCE ID NUMBER: --- PERMIT NUMBER: ---  
SOURCE ATTRIBUTE 1: ---  
SOURCE ATTRIBUTE 2: ---  
SOURCE FACILITY NAME: ---  
SOURCE FACILITY STREET: ---  
SOURCE FACILITY CITY: --- STATE: ---  
SOURCE FACILITY ZIP: ---  
SOURCE FREE FIELD: ---  
UPDATE INDICATOR: ---

Date Received: 6/24  
Assigned: DM  
Date: 6/24  
Logged: ---

Robert Carson  
(206) 522-8564  
SIC 7206

Loaded By: ---  
Date: ---  
Verified By: ---



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• WAD027417716

INSTALLATION ADDRESS

CARSON CLEANERS INC	
4701 BROOKLYN AVE NE	MA 02105
SEATTLE	
4701 BROOKLYN AVE NE	MA 02105
SEATTLE	

EPA Form 8700-12B (4-80)

07/10/86